Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>03/13/2007</u>	Address:_	C.R. 76511. 2 C.R. 703.
Case #: 43 - 24 180		
County: JENNINGS	t	FOUND IN DIRECTOR
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open (check all that apply) Lithium/Ammonia Reaction(s):	air, etç)	
Red Phosphorous/Iodine Reaction(s):		
☐ Flammable Solvents:		
Water Reactive Metal (Lithium):		
Anhydrous Ammonia:		
Hydrochloric Acid Gas Generator(s):	BAGTIJ Diro	+ <i>r</i>
Corrosive Acid:		
Corrosive Base:		
Other (item and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Prolective Services	Ephedrir	e Information 1e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agen	cies that serve the l	ocation:
Fire Department: CELTED TOWNSHIP		<u> 346 3700 (812)-346 6749 1</u>
Health Department: 15000055 Co.		- 352 - 3530 /
Child Protection Service: N/A	Fax:	. —
* This form is to be faxed to the Fire Department, Health listed within 24 hours of scene processing.	Phone 812	- 522-1441
the Third of Hours of scene processing.		A SE A 1-1-A 2 TO POPUL FILLE III

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.